

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR
THOMAS C. BOUSKA, SERVICE AREA MANAGER

March 20, 2014

Sarah Nelson 24091 L34 Rd Underwood, IA 51576

Dear Child Care Provider,

This letter is in regards to the March 20, 2014 compliance check of your Level A, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home.

The following areas were out of compliance at the time of my visit:

Provider does not appear well enough to care for child. The provider reported being in a car accident in December and then falling recently in Office Depot. She reported her arm hurts and had a concussion among other things. She could not hold the 7-9 month old for more than 5 minutes and had to sit down with him because her arms were tired. Provider struggled with walking and was limping. Husband, sub, also appeared to have some health related concerns. Neither provider nor husband has a physical clearing them for daycare. Provider must have a physical that is clearing her for work after her recent injuries.

A form is attached to this letter and MUST be returned by MARCH 30, 2014 or DHS will revoke child care registration.

☐110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone.
\square 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.
☐110.5(1)c First-Aid supplies are available and easily accessible in the home, outdoor play area, any vehicle used to transport children, and on field trips.
☐110.5(1)c The first-aid kit is sufficient to address first aid related to minor injury or trauma and stored in an area not accessible to children.
☐110.5(1)d Medicines are given only with written authorization from the doctor or parent.
☐110.5(1)e Electrical wiring shall be maintained.

110.5(1)e All accessible electrical outlets are safely capped.
☐110.5(1)e All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.
☐110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.
110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.
☐110.5(1)k Fire and tornado drills are practiced monthly and documentation kept.
☐110.5(1)I A safety barrier surrounds any heating stove or heating element. Space heaters need to be moved out of the area during daycare hours or a gate needs to be put around them.
110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor.
110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes.
☐110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and www.iowasmokefreeair.gov.
☐110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites.
☐110.5(1)r If not fenced, both in and aboveground pools must have a cover that meets or exceeds ASTM standards when not in use.
110.5(1)r Fence for aboveground pool is four feet above sidewalls of pool. Height of pool walls not included in measurement.
☐110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.
110.5(1)v The provider has written policies about responding to health-related emergencies.
☐110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file.

110.5(2) A provider file is maintained and contains:
☐110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years.
110.5(2)b Certificates or training verification documentation for:
☐ 110.5(2)b Within the first three months of registration: Provider was registered in 6/2013.
110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.)
☐110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.
☐110.5(2)b During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years.
☐110.5(2)b During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting. If the provider has documentation of completing the ChildNet, PITC, or Beyond Business Basics series, these hours may be used to fulfill two year's training requirements, not including first aid and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years.
110.5(2)d An individual file is maintained for each substitute and contains: Allen
110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter.
☐110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.
110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

110.5(8) Children's Files
110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains:
☐110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.
☐110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.
110.5(8)c A signed medical consent from the parent authorizing emergency treatment.
☐110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.
110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.
☐110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.
110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.
110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.
☐110.5(8)g A signed and dated immunization certificate provided by the state department of public health.
110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.
☐110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.
☐110.5(8)j Injury report forms to document injuries requiring first aid or medical care.

	110.5(9) The provider meets the following requirements:
	☐110.5(9)a Gives careful supervision at all times. If provider has health issues then there is concern about her caring for the 1 child in care and if she is able to care for/meet the needs for more than 1 child in care.
	110.5(10) Substitutes There is no sub file.
	☐110.5(10)a All standards regarding supervision and care of children apply to substitutes.
	☐110.5(10)b Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.
	☐110.5(10)c The substitute must be 18 years of age or older.
	110.5(10)d Use of a substitute is limited to: No more than 25 hours per month. An additional period of up to two weeks in a 12-month period.
	☐110.5(10)e The provider maintains a <u>written record of the number of hours substitute</u> <u>care is provided</u> , including the date and the name of the substitute.
A'	110.8(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY The provider was not over numbers at the time of the visit. This is included as a reminder provider regarding how many children she can care for.
	☐110.8(1)a Not more than six preschool children present at any one time including infants
	☐110.8(1)a Of these six children, not more than four children who are 24 months of age or younger are present at any one time.
	☐110.8(1)a Of the four children under 24 months of age, no more than three may be 18 months of age or younger.
	\square 110.8(1)a Not more than two additional school-age children for less than two hours at any one time.
	☐110.8(1)a Not more than eight children present when the emergency school closing exception is in effect.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.

Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.
Please do not hesitate to contact me at DHS at (712) 328 - 5713 if you have any questions regarding this letter.
Sincerely,

Michelle Noddings Social Worker II mnoddin@dhs.state.ia.us 417 E. Kanesville Blvd. Council Bluffs, IA 51503 (712) 328 - 5713

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-945-9778.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).